



## **Southern Nevada Training Registration Form**

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**Date:** \_\_\_\_\_ (enter only 1 date)

**Location:** **Clark County Government Center**  
**500 South Grand Central Parkway**  
**Las Vegas NV**

**Check ONLY one time slot**

☐ 8:30am – 11:30am

**or**

☐ 1:00pm – 4:00pm

Note: Times listed are two separate sessions with the same information at both sessions. You only need to complete one session.

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**\*\*\*Please email/fax *one* registration form for *each* attendee\*\*\***

**Attendee:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Have you ever used Nevada WebIZ?** ☐ **Yes** ☐ **No**

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**Please email this completed form (and UCA) to:**

**[gnavarrete@health.nv.gov](mailto:gnavarrete@health.nv.gov)**

**or fax (702) 407-7554**

Confirmation and directions will be sent to the email address provided.  
Questions regarding the training? Email, or call Gwen at (702) 486-0579.